

**ARIZONA STATE BOARD OF ACCOUNTANCY**  
100 North 15<sup>th</sup> Avenue, Suite 165  
Phoenix, Arizona 85007

Phone: (602) 364-0804  
Fax: (602) 364-0903  
www.azaccountancy.gov



## **CERTIFICATE OF EXPERIENCE**

TO THE EMPLOYER: This Certificate of Experience is used to help evaluate candidates for Arizona CPA certification. It is important that you provide complete and detailed information regarding his/her accounting activities and experience. Please **return** this Certificate to the applicant in a **sealed envelope**. It is also **recommended** that you may want to **supply a copy** of the completed document to the applicant.

### **PLEASE PRINT OR TYPE**

Candidate's Name: \_\_\_\_\_  
First Middle Last

Employed with you from (mm/dd/yy) \_\_\_\_\_ to (mm/dd/yy) \_\_\_\_\_  
month/day/year month/day/year

**If candidate was employed on a part-time basis**, please tell us the total number of hours employed:

**Total** number of hours candidate worked under your supervision: \_\_\_\_\_

(Example: 20 hours per week x 10 weeks = 200 hours **total...please attach the worksheet you used to arrive at these hours**)

Name of your company or agency \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

### **Your employment relationship with candidate:**

- ☐ Employed or used accounting services and reviewed candidate's accounting work product for sufficiency and quality.
- ☐ Employed or used accounting services but did not review or consider sufficiency or quality of work product.
- ☐ Other (please explain) \_\_\_\_\_

### **Candidate's primary duties:**

- ☐ Staff Accountant
- ☐ Internal Auditor
- ☐ Bookkeeper
- ☐ Tax Preparer
- ☐ Controller
- ☐ Other: \_\_\_\_\_

### **Indicate area of employment:**

- ☐ Industry
- ☐ Government
- ☐ Education
- ☐ Non-Profit Organization
- ☐ Public Accounting
- ☐ Contract Employee
- ☐ Other: \_\_\_\_\_

(Over)

**State of Arizona Certificate of Experience (Cont.)**

**Level of work product**

1. Does the candidate have experience providing (please check one or more):
- ☐ evaluation, recording and summarizing accounting records
  - ☐ auditing
  - ☐ preparing financial summaries
  - ☐ taxation assistance
  - ☐ management advisory services
2. Has the candidate had experience **examining** financial statements, per R4-1-343(A)(3); i.e. critical inquiry and analysis of balance sheets, income statements, cash flow statements, tax returns, etc. If you have answered yes, describe candidate's experience below.
- ☐ Yes      ☐ No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
3. Has the candidate had experience **reporting** on financial statements by expressing an opinion, per R4-1-343(A)(4); i.e. oral or written communication of results of examination to employer, client or third party. If you have answered yes, describe candidate's experience below.
- ☐ Yes      ☐ No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**(PLEASE USE ADDITIONAL PAGES IF NEEDED)**

I certify that the above is based on my personal observation and is true and correct to the best of my knowledge and belief:

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Certificate/License # \_\_\_\_\_ Date issued \_\_\_\_\_ State \_\_\_\_\_

\* If not a CPA, please provide a resume & description of experience.

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

For staff use only: